## **Public Employees' Retirement Fund Request for Estimate of Benefits**

## **Instructions for Preparation**

1. We can only provide an estimate of benefits once you are within one year of being eligible for retirement. That is when you are:

Age 50 with 15 years of service (for reduced benefits)

Age 60 with 15 years of service Age 65 with 10 years of service You are at least 55, and your age and years of service add up to 85 (Rule of 85)

Requests from members that do not meet the eligibility criteria will not be answered.

- 2. We can provide only one Estimate of Benefits within any 12 month period.
- 3. Because estimates are prepared based on current information, actual benefits received at the time of retirement may differ.
- 4. <u>Anticipated date for beginning benefits</u>. Benefits cannot begin earlier than the first day of the first full month after the last day of work. For example, if your last day of work is January 1st, the earliest benefits can begin is February 1st. If your last day of work is January 31st, the earliest benefits can begin is February 1st. Also, we are not allowed to pay retroactive benefits for more than six months prior to the date your retirement application is received.
- 5. <u>Beneficiary Information</u>. If no beneficiary information is provided, we will provide estimates only for Options 10, 20, and 71.
- 6. When you have completed this form, mail it to:

Public Employees' Retirement Fund 143 West Market Street Suite 800 Indianapolis, IN 46204



## **Public Employees' Retirement Fund Request for Estimate of Benefits**

We cannot estimate your retirement benefits unless you are within one year of beginning those benefits. An estimation of your monthly benefit can only be done <u>once</u> a year. Members who want estimates otherwise should request from the Public Employees' Retirement Fund a copy of the booklet "Estimating Your Retirement Benefits".

Member Information and Address				
Name:				
First	Middle	(Maide	en)	Last
Address:				
Street	City		State	ZIP Code
Telephone: ()		Date of Birth:		
				(Month/Day/Year)
<b>Social Security Number</b>	r:			
conditions are met:  1. The application for retinof Trustees.  2. The date must be after t	work (Month/Day/Year) eligible for normal or early retirement benefits and the choice of dath the cessation of their service and be to the core than six months before the date of	ent is entitled to cho te is filed on a form the first day of the m	ose a retirement date of provided by the Public tonth.	n which their benefit begins if the following Employees' Retirement Fund Board
First	Middle		Last	_
Date of Birth (Month/Day/Year): Social Security Number:				
Relationship to Membe	er:			
Signature of Member		Date		
		Return to:	Public Emplo 143 West Ma Suite 800	oyees' Retirement Fund arket Street

Indianapolis, IN 46204